OEISD

ODEM-EDROY INDEPENDENT SCHOOL DISTRICT

2019-2020

NEW STUDENT ENROLLMENT CHECKLIST

Local ID# _____

OEISD Campus

PK MILITARY ☐

NEW STUDENT REGISTRATION REQUIREMENTS

Date: _____ School Year **2019-2020**

_____ AM/PM

(Last) (First) (Middle) (Grade)

Student Information: ☐ **Returning Student** ☐ **Transfer Student (Out-of-District)**

Documentation/Forms	**Returned ✓**	**Initialed by PEIMS Clerk**
Proof of Residency: Must provide one ***current copy*** from the following list • Utility Bill (Cable, Electric, Water) • Rental or Lease Agreement • Builder's Letter • Contract of Sale		
Birth Certificate		
Social Security Card		
Immunization Records		
Copy of Parent/Guardian Driver's License		
Student Registration Form		
Additional Emergency and Authorized Pick Up Form		
Student Enrollment and Residency Questionnaire		
Home Language Survey		
Student Foster Care Form		
Military Connected Student Form		
Ethnicity and Race Form		
Home- School Compact		
Student Records Release Form		
Directory Information		
Technology Resources and Acceptable Use Policy Form		
Migrant Family Survey		
Food Allergy , Health, and Medical Information		
Bus Transportation Form		
Instructional Materials(Textbooks) & Library Books Responsibilities Form		
Community Eligibility Provision – PEIMS Income Survey		
Withdrawal Forms from Prior School		
Copy of Report Card or HS Transcript		
Receipt of Student Handbook and Code of Conduct- ***Signed at Schedule Pickup***		

****PLEASE CALL YOUR PROSPECTIVE CAMPUS IF YOU NEED TO UPDATE ANY INFORMATION DURING THE SCHOOL YEAR. THANK YOU****

For office use only

_____ _____

(Signature of collecting PEIMS Clerk) (Date)

ODEM ELEMENTARY Registration Form for School Year 2019 - 2020

Campus Name: ODEM ELEMENTARY Campus Phone: (361) 368-3881 Campus Fax: (361) 368-2317

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____

☐ Hispanic ☐ Pacific Islander ☐ White ☐ Black ☐ Asian ☐ American Indian

Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____

Address: _____ Student Home Phone: _____

Mailing Address: _____ Student Cell Phone: _____

Student Email: _____ Will your child be using bus transportation to get to school? ☐ Yes ☐ No

PARENT INFORMATION

1. Guardian: _____ Relation: _____

Address: _____

City, St, Zip: _____

Employer: _____

Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other

Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish

Emergency Contact: ☐ Yes ☐ No Email: _____

Svc Branch: _____ Rank: _____ Enrolling Person: _____

Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____

Vehicle Plate #: _____ State: _____

2. Guardian: _____ Relation: _____

Address: _____

City, St, Zip: _____

Employer: _____

Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other

Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish

Emergency Contact: ☐ Yes ☐ No Email: _____

Svc Branch: _____ Rank: _____ Enrolling Person: _____

Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____

Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____

Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School

BUS INFORMATION

Eligible: _____ Seat: _____

Route: _____ Run: _____

Pickup Stop: _____ Dropoff Stop: _____

Pickup Assigned: _____ Dropoff Assigned: _____

Pickup Route: _____ Dropoff Route: _____

Special Requirements

Transportation: _____

Special Seating: _____

Wheelchair: _____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

_____ _____ _____

Parent or Guardian Signature **Date of Birth** **Date**

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____

Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____

Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____

Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____

OEISD

ADDITIONAL EMERGENCY AND AUTHORIZED PICK UP FORM 2019-2020

Local ID# _____

OEISD Campus _____

PLEASE PRINT

Student's Legal Name (as appears on birth certificate): _____
(Last) (Jr, III, etc) (First) (Middle)

Preferred Name: _____ **Date of Birth**: _____/_____/_____ **Gender**: **M** **F** **Grade Level**: _____

Emergency Contacts and Medical Information (To be used only if the Parent/Guardians cannot be reached).

Emerg. Contact Name: _____ **Relationship to Student**: _____
(Last, First)

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____

Authorize to Pick Up? ☐ **YES** ☐ **NO** _____

Emerg. Contact Name: _____ **Relationship to Student**: _____
(Last, First)

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____

Authorize to Pick Up? ☐ **YES** ☐ **NO** _____

Emerg. Contact Name: _____ **Relationship to Student**: _____
(Last, First)

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____

Authorize to Pick Up? ☐ **YES** ☐ **NO** _____

Emerg. Contact Name: _____ **Relationship to Student**: _____
(Last, First)

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____

Authorize to Pick Up? ☐ **YES** ☐ **NO** _____

Parent/Guardian's Signature _____ **Date** _____

Reminder If any of the above information changes during the school year, please contact the school office immediately.

OEISD

STUDENT ENROLLMENT QUESTIONNAIRE
2019-2020

Local ID# _____

OEISD Campus _____

Welcome to Odem-Edroy Independent School District. We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.

PLEASE PRINT
FILL OUT BOTH PAGES OF QUESTIONNAIRE

Student's Legal Name (as appears on birth certificate): _____
(Last) (Jr, III, etc) (First) (Middle)

Preferred Name: _____ **Date of Birth**: _____/_____/_____

Gender: **M** **F** **Grade Level**: _____

Your Child's personality type: (circle those that apply most of the time)

outgoing	**shy**	**stubborn**	**leader**	**doesn't verbalize feelings**
easy going	**organized**	**self-discipline**	**follower**	**has trouble making friends**
sensitive	**independent**	**easily stressed**	**shows feelings**	**other:**

Particular strengths/weaknesses that should be considered, including physical problems:

_____

_____

Placement concerns regarding classroom operations or procedures (traditional class trips, celebrations, or activities, etc.)

_____

_____

Other information or special needs regarding your child you would like for us to know:

_____

_____

Has your child ever been enrolled in Odem-Edroy ISD before? Yes No

If yes, date and campus attended: _____

Specific Needs of Your Child

The following statements are categorized into three areas. In order to prepare for specific needs of your child, please place an X by any statement that applies to your child's situation. This information gives crucial insight not only for planning for specific educational needs of our students but for social /emotional support that will be essential for the child to be successful.

EDUCATIONAL:

____1. My child was in one of the following grades last year (Which Grade: Pre-Kindergarten, Kindergarten, 1st, 2nd, 3rd)and I was made aware that he/she did not perform satisfactorily on the Achievement Test and or Readiness Tests given to all students in that grade. (Iowa Basic Skills Test and/ or the Texas Primary Reading Inventory)

____2. My child was in one of the following grades last year (Which Grade: 7th, 8th, 9th, 10th, 11th, 12th) and I was made aware that he/she failed two or more core subjects. (Core Subjects: English /Reading-Math-Science-Social Studies)

____3. My child was retained and will not be advancing to the next grade level.(Grade Enrolled Last year:_____)

____4. My child failed one or more portions of the TAKS Test last year. (Applies to last years 3rd graders and up)

____5. My child made the decision to drop out of school last year and is now re-enrolling for school.

BEHAVIORAL

____6. My child experienced some behavioral challenges last year and was placed at the Discipline Alternative Education Program for a designated time period.

____7. My child was or is currently working with law enforcement agencies (probation officer, etc.) to address probation, pending prosecution, deferred prosecution or conditional release.

FAMILY

____8. Department of Regulatory services intervened on the behalf of the children I presently have custody of during the past school year.

____9. The children I have in my custody are living with me through a foster home support arrangement or group home.

____10. My child will need Pregnancy Education Programming as she is pregnant or her infant is less than 1 year old.

Special Services Information

_____ No, my child has <u>not</u> received any special services at his/her former or current school.

_____ Yes, my child has received special services at his/her former or current school.

Please check the following services received:

_____ Special Education

_____ Speech Therapy

_____ 504

_____ Dyslexia

_____ Gifted and Talented

_____ RTI (Response To Intervention)

_____ Other, please specify: _____

Parent/Guardian's Signature _____ Date _____

OEISD

HOME LANGUAGE SURVEY
2019-2020

Local ID# _____

OEISD Campus

PK MILITARY ☐

Texas Education Agency
Division of Bilingual Education
Home Language Survey
Grades Pre-K - 12

The State of Texas requires that the following information be completed for each student who enrolls in a Texas public school. This survey will be kept in each student's permanent record folder.

Student's Name: _____ Grade: _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

1. What language is spoken **MOST** of the time in your home? (Circle One)

   English Spanish Other
   If other, name of language: _____

2. What language does your child speak **MOST** of the time? (Circle One)

   English Spanish Other
   If other, name of language: _____

_____ _____
Parent or Guardian (Please Print) Date

_____ _____
Signature Parent or Guardian Date

Cuestionario De Idioma Hogareño
Estado De Texas
Grados Pre-K-12

El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricule en una escuela publica en Texas. Esta encuesta sera mantenida en los reportes de cada estudiante.

Nombre del Estudiante: _____ Grado: _____

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:

1. Cual es el idioma que se habla **MAS** en su hogar? (Marque con **UN** circulo)

   Español Inglés

2. Cual es el idioma que **MAS** habla su niño(a)? (Marque con **UN** circulo)

   Español Inglés

_____ _____
Padre O Guardian (En Molde Por Favor) Fecha

_____ _____
Firma del Padre O Guardian Fecha

OEISD

STUDENT FOSTER CARE FORM
2019-2020

Local ID# _____

OEISD Campus _____

Welcome to Odem-Edroy Independent School District. We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF YOUR CHILD MEETS ONE OF THE CRITERIA BELOW

PLEASE PRINT

THE LEGISLATURE OF THE STATE OF TEXAS has enacted an amendment on SECTION 1 Section 7.029, Education Code to include the following:

This legislation requires schools to recognize and collect data as to the foster care status of all students.

Parent Name: _____

Student Name: _____ Date of Birth: _____

If Known: Student ID: _____ Grade: ____ Center: _____

Please check one box below to indicate if the following applies to your child:

For all students:

☐ Student is currently in the conservatorship of the Department of Family and Protective Services

For Pre-Kindergarten students ONLY:

☐ Pre-kindergarten student was previously in the conservatorship of the Department of Family and Protective Services

OEISD

MILITARY CONNECTED STUDENT FORM
2019-2020

Local ID# _____

OEISD Campus _____

Welcome to Odem-Edroy Independent School District. We are requesting the following information from you in order to best meet the needs of your child. Thank you for your assistance.

PLEASE RETURN THIS FORM TO YOUR CHILD'S CAMPUS ONLY IF YOUR CHILD MEETS ONE OF THE CRITERIA BELOW

PLEASE PRINT

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: _____

Student Name: _____ Date of Birth: _____

If Known: Student ID: _____ Grade: ____ Campus: _____

Please check one box below to indicate if your child is a dependent of a member of:

For all students:

☐ Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard [This includes Missing in Action (MIA)]

☐ Texas National Guard

☐ Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

For Pre-Kindergarten students ONLY:

☐ Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty

OEISD

Local ID#

_____

OEISD Campus

_____

MILITARY CONNECTED STUDENT FORM
SPANISH
(Distrito Escolar Independiente de Odem-Edroy ISD
Formulario Estudiantil de Afiliación Militar) 2019-2020

FAVOR DE REGRESAR ESTE FORMULARIO A LA ESCUELA DE SU HIJO(A) SOLO SI CUMPLE CON UNO DE LOS CRITERIOS SIGUIENTES

En 2009 la Legislatura de Texas aprobó el Acuerdo Interestatal sobre Oportunidad Educacional para Estudiantes con Afiliación Militar - Código de Educación de Texas, Capítulo 162. Esta legislación requiere que las escuelas reconozcan y extiendan ciertos privilegios a los estudiantes que son dependientes de personal militar y para asistir a los estudiantes que dependen de militares en el proceso de transición de cambio de escuela cuando sus padres militares son reasignados y obligados a trasladarse.

Nombre del Padre ó Tutor: _____

Nombre del Estudiante:_____ Fecha de nacimiento: _____

ID del estudiante: _____ Grado Escolar: ____ Escuela: _____

Favor de marcar una de las casilla siguientes para indicar si su niño(a) es un dependiente de un miembro de:

Para todos los estudiantes:

☐ Servicio Activo: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera [Esto incluye Desaparecido en Combate (MIA)]

☐ Guardia Nacional de Texas

☐ Servicio de Reserva: Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera

Para los estudiantes del Pre-Kinder SOLAMENTE:

☐ Las fuerzas armadas o las fuerzas reservadas de los Estados Unidos (Ejército, Marina, Fuerza Aérea, Infantería de Marina o la Guardia Costera) o la Guardia Nacional de Texas que ha sido herido o ha muerto durante el servicio activo

OEISD

ETHNICITY AND RACE FORM
2019-2020

Local ID#

OEISD Campus

PK MILITARY ☐

Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866*)

Part 1 Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

☐ **Hispanic/Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

☐ **Not Hispanic/Latino**

Part 2 Race: What is the person's race? *(Choose one or more)*

☐ **American Indian or Alaska Native -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ **Asian -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American -** A person having origins in any of the black racial groups of Africa

☐ **Native Hawaiian or Other Pacific Islander -** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White -** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Student/Staff Name (please print) _____ (Parent/Guardian)/(Staff) Signature _____

Student/Staff Identification Number _____ Date _____

Staff Members Agree To:

- Hold Back-to-School Night for parents to meet with teachers and staff.
- Help to determine the educational needs of your child.
- Try to adjust the instructional program to meet the academic needs of your child.
- Seek your cooperation as parents to work as partners in the school.
- Provide frequent assessment and continuous feedback on how your child is progressing academically.
- Provide a safe and orderly school environment.
- Schedule Parent/Teacher conferences (Should be initiated by teacher, as needed, for every student for all grade levels.)

PRINCIPAL:_____



ODEM-EDROY INDEPENDEDT SCHOOL DISTRICT
Home-school compact

Odem-Edroy ISD is committed to providing the best education possible for each of our students. It is our goal to give every child the opportunity to reach his/her full potential in intellectual, emotional, and physical growth. We know that learning can take place if there is a combination of effort, interest, and motivation on the part of the school, the home, and the community, working together toward that end.

This compact is a voluntary agreement and a promise of commitment to help your child be successful in school. We believe that this agreement can be fulfilled through our team effort.

STUDENTS AGREE TO:

- **Come to school ready to learn with the necessary supplies.**
- **Take part in class discussions without being disruptive.**
- **Complete class work and homework neatly and return it to the teacher on time.**
- **Share with my parents and return signed papers to my teacher.**
- **Ask for help when I don't understand.**
- **Be respectful of myself and others.**

STUDENT:_____

GRADE:_____

PARENTS AGREE TO:

- **Make sure my child is on time and prepared every day for school.**
- **Make sure early afternoon pick-up is not used unless it is for doctor appointments, dental appointments and/or emergency purposes.**
- **Know how my child is doing in school by communicating with teachers.**
- **Schedule a conference with the teacher about concerns with schoolwork and behavior.**
- **Monitor my child's homework and make sure study time is in a quiet place.**
- **Help my child to accept consequences for negative behavior.**
- **Read together daily with my child.**
- **Check with my child daily for information sent home from school that will be useful.**

PARENT:_____

PHONE#_____



OEISD

STUDENT RECORDS RELEASE FORM
2019-2020

Local ID#
_____
OEISD Campus
_____

Odem Elementary School, One Owl Square, Odem, TX 78370 TEL: 361-368-8121 EXT. 237 FAX 361-368-2317
Odem Intermediate School, One Owl Square, Odem, TX 78370 TEL: 361- 368-8121 EXT. 237 FAX: 361-368-2033
Odem Junior High School, One Owl Square, Odem, TX 78370 TEL: 361- 368-8121 EXT. 282 FAX: 361- 368-2398
Odem High School, One Owl Square, Odem, TX 78370 TEL: 361- 368-8121 EXT. 262 • FAX: 361- 368-3781

Student Information

Name of Student_____

Date of Birth _____

_____
Name of last school attended

_____
School Address

_____
City, State, Zip

_____
School Phone number School Fax number

Requested Information

The student listed above recently enrolled in Odem-Edroy ISD and reported to us that he/she formally attended your school. To complete our enrollment process, we are in need of the following (**X**) selected cumulative records/information.

Copy of Birth Certificate ____
Copy of Social Security____
Educational Evaluations____
Standardized Test Data____
Report Cards____
Special Education Records____
Speech Records____
Home Language Survey/LPAC Records____
Immunizations/Health Records____
Student Success In Initiative Records (AMI/ARI)____
Campus Student Support Team (Tiers of Intervention Data) ____

Please see TREX request or mail or fax Student records as soon as possible to

_____ **Receiving Campus**

Permission for release of records for the above named student is granted.

_____
Signature of Parent or Guardian Date

_____
PEIMS Clerk or Registrar Date

OEISD

DIRECTORY INFORMATION

2019-2020

Local ID# _____

OEISD Campus

PK MILITARY ☐

NOTICE OF PARENT AND STUDENT FAMILY EDUCATIONS RIGHTS AND PRIVACY ACT (FERPA) and DIRECTORY INFORMATION

The Odem Edroy Independent School District (OEISD) maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under a court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access.

Federal law provides that student ***"educational records"*** are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information ***is not*** confidential under FERPA.

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Odem Edroy ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of receipt of this notice.

Odem Edroy has designated the following information as directory information: ***student's name and grade level.***

1. **Student directory information is available to the public unless the parent/guardian restricts the release of the information.** According to the Texas Public Information Act (TPIA), Odem Edroy ISD must release directory information promptly upon request and may not ask requestors the reason for the requested information. Parents/guardians have the right to restrict the release of directory information, but must do so in writing within ten (10) days of receipt of this document or enrollment or see number 3 below.

2. Parents/guardians may alter their choice regarding directory information at any time by completing and submitting the Student Directory Release Form. Decisions regarding directory information will remain until a subsequent written request is made to alter the previous decision.

3. Schools must notify parents and eligible students of their FERPA rights annually. In addition to this form, FERPA information is found in the Student/Parent Handbook available in both English and Spanish on-line at www.OEISD.org or a paper copy, by request, from your child's school.

STUDENT DIRECTORY INFORMATION RELEASE FORM

Directory information identified above is subject to release to the public unless you indicate that you do not want the information released. For the following school-sponsored purposes: Odem-Edroy I.S.D. has designated the following information as directory information as stated above:

- o Student's name
- o Grade Level

Parent: Please check one of the choices below for release of Directory Information to the Public:

☐ I **DO** give permission to disclose the information in the above list to the public:

☐ I **DO NOT** give permission to disclose the information circled in the above list to the public. For any information that is not circled I give permission for the remainder of the items to be released in accordance with District policy.

Parent: Please check one of the choices below for release of Directory Information to military recruiters and Institutions of Higher Education:

☐ I **DO** give permission to disclose the information in the above list to military recruiters and Institutions of Higher Education for the specified school-sponsored purposes.

☐ I **DO NOT** give permission to disclose the information circled in the above list for the specified school-sponsored purposes. For any information that is not circled I give permission for the remainder of the items to be released in accordance with District policy.

In addition to Directory Information, by checking the box below, you are giving permission for disclosure of Student Records and information limited to school sponsored purposes:

☐ By checking this box, you give permission to allow for the following information to be used for **limited school-sponsored** purposes which includes, but is not limited to: student recognition activities, yearbook or student newspaper, newsletters, printed programs for extracurricular activities, news releases to and photographs by local media, and honor roll. For any item circled you do not give permission for that information to be used for limited school sponsored purposes:

*Student's name
*Address
*Telephone listing
*Electronic mail address
*Photograph
*Date and place of birth
*Dates of attendance
*Grade Level
*Enrollment Status
*Participation in officially recognized activities and
*sports
*Weight and Height of members of athletics teams
*Honors and awards received
*Most recent educational agency or institution
attended

Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator or contact the attendance office at your campus ***361-368-8661 ext. 237(Elementary & Intermediate)*** **Ext. 282 (Junior High) Ext. 262 (High School)**

Student's Name _____ Grade ____

Parent/Guardian's Signature _____ Date _____

OEISD

STUDENT RESIDENCY QUESTIONNAIRE 2019-2020

Local ID#

_____

OEISD Campus

PK MILITARY ☐

Purpose: This form is to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11434a(2) for Odem-Edroy ISD. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student_____**Grade**_____**School** (Circle One): **OHS OJH OIS OES**

Parent/Guardian_____**Phone** _____
(Last) (First) (Middle)

Current Address_____

Previous Address_____

Number of Children Enrolled in Odem-Edroy ISD:_____

1. Is your current address a temporary living arrangement? ❑Yes ❑ No

2. **Please choose which of the following situations the student currently resides in (choose all that apply):**
   - ❑ Temporary housing and only until I can get my own housing in the future
   - ❑ Motel or Hotel
   - ❑ Unsheltered-in a car, park, tent-campsite, a substandard housing, etc.
   - ❑ Living with family/and or friends as our permanent home-No current plan of changing housing in the near future
   - ❑ I have my own home/housing for my family

3. Is your temporary living arrangement due to loss of housing, economic hardship, or financial difficulties? ❑Yes ❑No

4. Were you displaced from your home due to a Natural Disaster? (Hurricane, flood, tornado, fire, etc) ❑Yes ❑No

TYPE OF NATURAL DISASTER IF YES:
- ❑ Hurricane**:** _____ (Please name)
- ❑ Other: _____ (Please describe-Flood, Tornado, Fire- other type of weather/storm related event)

If you are living in shared housing, please check all the following reasons that apply:
- ❑ Loss of housing
- ❑ Economic Hardship
- ❑ Loss of employment
- ❑ Parent/Guardian is currently on active duty in the U.S. Military
- ❑ Other (Please explain; i/e/ substandard housing**)** _____

Are you a student living apart from your parents or guardians? ❑ Yes ❑ No

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

_____**Date**_____
Signature of Parent/Legal Guardian/Unaccompanied Youth/School Representative

For office use only: Campus Enrollment Designee(s): Please send a copy of this form that documents (Yes to questions 1 & 2) per interoffice to Yolanda Alvaro. Please retain a copy of this form regardless of yes/no answer with student enrollment forms.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ _____
Date McKinney-Vento Liaison Signature

Family Survey
Education Service Center, Region 2
209 N. Water St.
Corpus Christi TX 78401
2019-2020
361-561-8615 /8602

Student Name:	**Age:**	**Grade:**
	Date of Birth:	**Date:**

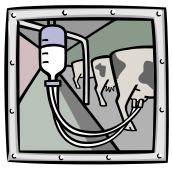
Dear Parents,
In order to better serve your children's academic needs, Odem-Edroy school district wants to identify students who may qualify to receive supplemental educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Do you have a high school aged child under the age of 22 who lacks a U.S. issued high school diploma or GED and is currently *not enrolled* in school? ☐ **YES** ☐ **NO**

1. Within the past 3 years have you and your family traveled or moved from one district, city or state to another to work or look for temporary work in agriculture, livestock or fishing?

☐ **NO** STOP here and return survey to your child's school.

☐ **YES** (Please ☒ check all that apply below and continue to question 2)

 Working agricultural field work with fruits, vegetables, sunflowers, cotton, wheat, grain, sorghum ☐	 Packing or processing fruits, vegetables, chicken, beef, pork or fish ☐	 Working in a dairy farm ☐	 Working in a fishery or shrimping ☐	 Working in a slaughter house ☐
 Working on a poultry farm ☐	 Working in a ranch, livestock related activities ☐	 Working in a plant nursery, orchard, tree growing or harvesting ☐	 Other similar work, Please explain: _____ _____ _____ _____	

2. Was the move due to economic necessity?

☐ **NO** STOP here and return survey to your child's school. ☐ **YES** (Please complete below)

Please complete the following information:	**Best time to contact you:**
Parent/Guardian Name:	
Address:	
Telephone:	**Alternate Telephone No:**
Email Address:	

Schools: Please return this survey to the Education Service Center, Region 2, ATTN: Mellissa Villarreal Recruiter, MEP

ODEM-EDROY INDEPENDENT SCHOOL DISTRICT
ONE OWL SQUARE
ODEM, TEXAS 78370

2019-2020

REQUEST FOR FOOD ALLERGY INFORMATION

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food:	**Nature of allergic reaction to the food:**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student name: _____ Date of birth: _____

Grade: _____

Parent/Guardian name: _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____

OEISD

HEALTH INFORMATION
2019-2020

Local ID# _____

OEISD Campus

PK MILITARY ☐

PLEASE PRINT

Date: _____

Name of Student: _____

Grade: _____ Birth Date: _____

Has your child ever been enrolled in Odem-Edroy ISD? _____

Please list any illnesses, injuries, operations or hospitalizations (mental/medical) your child has encountered: (examples: asthma, seizures, tubes, migraines, etc.)

_____

_____

List any medications taken daily or on a regular basis ***and*** the condition for which medication is given:

_____

_____

Severe Allergies to Food or Medicines _____

Severe Allergies to Insects/Bees _____

I will bring EpiPen/Benadryl for my child when he/she begins school as per doctor's orders**:**

☐ **YES** ☐ **NO**

Other children in the home (please list with date of birth):

_____ _____

_____ _____

I give my permission for Odem-Edroy ISD employees to give my child the following checked medications during school hours if needed. Please check the following items your child can use. If you want your child to have access to things like Tylenol and Tums you have to provide the age appropriate medication, in the original container, with signed consent.

_____ Eye saline eyewash
_____ Peppermint/sugar free peppermint
_____ White Petrolatum (chapped lips)
_____ Unscented hand lotion
_____ Sting Ease stick

_____ _____

Parent/Guardian Signature Date

_____ _____

Home Phone Number Cell Phone Number

_____ _____

Work Phone Number Other Phone Number

OEISD

MEDICAL INFORMATION CARD 2019-2020

Local ID#

OEISD Campus/Classroom

PK MILITARY ☐

PLEASE PRINT

Grade_____

Student's Name: _____
(Last) (Jr, III, etc) (First) (Middle)

Name of Primary Contact _____

Emergency phone _____

Mother/Guardian_____Place of Work_____Work#_____

Father/Guardian_____Place of Work_____Work#_____

Mom's Cell Phone No._____ **Dad's Cell Phone No.** _____

Family Physician_____ Office Phone_____ Office Address_____

Please list all allergies: (Drugs, Food, Bees, insects, etc.)_____ Epi Pen Needed: _____

Benadryl Needed: _____

What (if any) chronic diseases does your child have?_____

What medications will your child take at school?_____

What medications does your child take daily?_____

COMMENTS: _____

In the event of an accident or serious illness, I request the school to contact me when time allows. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated above and follow his instructions. If the Physician is not available, the school is authorized to make whatever arrangements deemed necessary. Permission for Emergency Treatment is good for one year only.

Yes_____ **No**_____

Signature of Parent/Guardian_____ **Date:** _____

Reminder If any of the above information changes during the school year, please contact the school office immediately.

ODEM – EDROY INDEPENDENT SCHOOL DISTRICT

2019-2020

Instructional Materials (Textbooks) & Library Books Responsibilities Form

Student, Parent or Guardian Responsibilities include and are not limited to:

- Maintain the proper use and care of state and district owned text books and library books
- Keep the books in good condition. Any misuse of the books due to carelessness or neglect may be considered cause to charge the student a fine for that book.
- Return all books to the school if/when the student is withdrawn from the district.
- Reimburse the school for any lost, destroyed, or damaged textbooks or Library books issued to that student. (TEC 31. 104 (d)). For example, textbooks with drawings on them, profane language or any purposely activity to damage the textbook.

NOTE: Each student, parent and/or guardian shall be responsible for returning all instructional materials to the teacher. Any student failing to return all materials shall forfeit the right to free textbooks until the previously issued are paid for or retuned (TEC 31. 104(d)). This applies to library books checked out by the student.

Failure on the part of any student to maintain their responsibility for state or district owned textbooks may result in the denial of state textbooks for use at home until the loss or damage assessment is paid. This applies to library books checked out by the student.

PLEASE SEE FURTHER INFORMATION in the STUDENT HANDBOOK

Student Name: _____ Grade: _____

Campus: (Please Circle One) **OHS OJH OIS OES**

Parent/Guardian Name (Print): _____

Signature of Parent/Guardian: _____ Date_____

Odem-Edroy Independent School District
Community Eligibility Provision (CEP) – PEIMS Income Survey 2019-2020
CONFIDENTIAL FORM

Student Name _____Student ID#: _____

School Grade _____DOB:_____ Campus: (Circle One) OHS OJH OIS OES

Odem-Edroy ISD *is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.*

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ Yes ☐ No
Do you receive Temporary Assistance to Needy Families (TANF)? ☐ Yes ☐ No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ***ALL*** HOUSEHOLD MEMBERS (check one box below):
Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income ***(before any type of deductions***).

☐ $0 – 22,459	☐ $46,436 – 54,427	☐ $78,404 – 86,395	☐ $110,372 – 118,363
☐ $22,460 – 30,451	☐ $54,428 – 62,419	☐ $86,396 – 94,387	☐ $118,364 – 126,355
☐ $30,452 – 38,443	☐ $62,420 – 70,411	☐ $94,388 – 102,379	☐ $126,356 – 134,347
☐ $38,444 – 46,435	☐ $70,412 – 78,403	☐ $102,380 – 110,371	☐ $134,348 and above

SIGNATURE Please check one of the following two boxes as appropriate.
In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

☐ I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

_____ _____
Parent/Guardian Name (Print) Parent/Guardian Signature & Date

******For School Use Only- Do Not Fill Out This Part******

☐ 01-Direct Certification ☐ 99-Categorically Eligible (Homeless, Runaway, Foster, Migrant, Head Start, or SNAP/TANIF) not directly certified ☐ 99-Economically Disadvantaged ☐ 00-Not Economically Disadvantaged or Declined Survey

Keyed in (Initials/Date):

OEISD

BUS TRANSPORTATION REQUEST FORM
2019-2020

Local ID# _____

OEISD Campus

PK MILITARY ☐

PLEASE CIRCLE ONE

- ☐ **NO** – I do not require bus services at this time.
- ☐ **YES** – If bus service is required, please complete the following.

RETURNING STUDENT ☐ **NEW STUDENT** ☐

Dear Parent,

Transporting your children is a great responsibility for all of us, especially for the drivers who must pilot the buses through traffic and all kinds of weather. Our drivers must devote all of their skills and energies to driving. They must give their full attention to the traffic and are unable to act as disciplinarians for the children.

Bus rules have been adopted by the school district and are printed in each campus handbook. It explains in some detail what is expected of the children who ride our buses and gives you guidelines on what you, as parent, can expect of us. All of these rules are designed to assure the safety of the riders.

PLEASE discuss these rules with your child and impress upon him/her the need for full cooperation on the school bus. Remind your child that any infraction of these rules could result in suspension of bus riding privileges which could cause great inconvenience for the child and parent.

Please complete all the information in the box below and return this sheet with the registration packet so we can have information on file and know you understand our rules. Your child's safe transportation is our primary goal. This information will remain confidential.

Bus Number (if you know it) _____ School Year **2019-2020**

Will your child ride Morning and Afternoon? _____ Morning Only?_____ Afternoon Only? _____

Student's Name _____ Age _____ Grade _____Campus _____

Physical Drop off Address _____
Subdivision _____ Home Phone Number _____
Emergency Phone Number Mother (Cell): _____Father (Cell): _____
Guardian (Cell): _____
Home Room Teacher _____

*****IMPORTANT** - Please include any other description that would help us locate your house:***

_____

_____ _____
(Parent/Guardian Print Name) Date

_____ _____
(Parent/Guardian Signature) Date

The information requested above is the minimum information needed at this time. If you have any questions, comments, or if there any changes to drop off address, please feel free to call **(361) 368-8121 EXT 266.**

Below to be filled in by Transportation Department

The above student meets the guidelines for bus transportation and is assigned to bus number _____

Director of Bus Transportation _____ Date _____